## KANSAS MEDICAID STATE PLAN

ATTACHMENT 2.2-A Revision: HCFA-PM- -(MB) Page 9b State: Kansas Agency\* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 25. Qualified Medicare beneficiaries--1902(a)(10)(E)(i) and 1905(p) of a. Who are entitled to hospital insurance the Act benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.) 26. Qualified disabled and working individuals--1902(a)(10)(E)(ii), 1905(s) and a. Who are entitled to hospital insurance 1905(p)(3)(A)(i) benefits under Medicare Part A under of the Act section 1818A of the act: b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI.

> (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

d. Who are not otherwise eligible for medical assistance under Title XIX

of the Act.

## KANSAS MEDICAID STATE PLAN

Revision:	HCFA-PM	(MB)	ATTACHMENT 2.2-A Page 9b1
	State: Kansas		
Agency*	Citation(s)	Groups Covered	
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act		Mandatory Coverage - Categorica Required Special Groups (Contin	nued)
		a. Who are entitled to ho benefits under Medicar pursuant to an enrollm 1818A of the Act);	re Part A (but not
		b. Whose income for calendary 1994 exceeds the income but is less than 110 prederal poverty level, for calendar years begathan 120 percent of the level; and	ne level in 25.b., bercent of the , and whose income ginning 1995 is less

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

c. Whose resources do not exceed twice the

maximum standard under SSI.

TN#MS-93-03 Approval Date PR 2 9 1983 JAN 0 1 1983 Supersedes TN# Nothing

Revision: HCFA-PM-93- 2

(MB)

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MARCH 1993

KANSAS

Agency\*

Citation(s)

State:

Groups Covered

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10(E)(i) and 1905(p) of the Act

- 25. Qualified Medicare beneficiaries--
  - Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
  - Whose income does not exceed 100 percent of the Federal poverty level; and
  - Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act

- 26. Qualified disabled and working individuals-
  - a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
  - Whose income does not exceed 200 percent of the Federal poverty level; and
  - Whose resources do not exceed twice the maximum standard under SSI.
  - Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

TN NO. MS-93-04 402 0 6 1989 Effective Date 1-1-92 Supersedes Approval Date TH No.

<sup>\*</sup>Agency that determines eligibility for coverage.

Revision: E

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(MB)

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State: KANSAS

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Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10(E)(iii) and 1905(p)(3)(A)(ii) of the Act

- 27. Specified low-income Medicare beneficiaries-
  - a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
  - b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
  - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determines eligibility for coverage.

TN No. MS-93-04
Supersedes Approval Date APP : 0 1993 Effective Date 1-1-93
TN No.

ATTACHMENT 2.2-A HCFA-PM-91-4 (BPD) Revision: AUGUST 1991 Page 9c OMB No.: 0938-Kansas Agency\* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy Individuals described below who meet the 42 CFR income and resource requirements of AFDC, 435.210 1902(a) SSI, or an optional State supplement as (10)(A)(ii) and 1905(a) of specified in 42 CFR 435.230, but who do not receive cash assistance. the Act The plan covers all individuals as described above. The plan covers only the following group or groups of individuals: Aged Blind Disabled Caretaker relatives Pregnant women

42 CFR 435.211

XIX

 $\sqrt{X}/2$ .

\*Agency that determines eligibility for coverage.

TN No. MS-91-41 Supersedes Approval Date	JAN 2 7 1992	Effective	Date	981 J 1 155
TN No. MS-91-38		HCFA	TD.	7983F

Individuals who would be eligible for AFDC,

SSI or an optional State supplement as specified in 42 CFR 435.230, if they were

not in a medical institution.

<sup>\*\*</sup>Provision not applicable to State

	Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		ATTACHMENT 2.2-A Page 10 OMB NO.: 0938-
		State:	Kansas		
	Agency*	Citation(s)		Groups Covered	
* *				ional Groups Other Than	the Medically Needy
•	**	42 CFR 435.212 & 1902(e)(2) of the Act	<u> </u>	The State deems as eligindividuals who become ineligible for Medicaid an HMO qualified under Public Health Service Fin an entity described 1903(m)(2)(B)(iii), (E) 1903(m)(6) of the Act, enrolled in the HMO or the minimum enrollment The HMO or entity must as specified in 42 CFR under this section is 1 services and family pladescribed in section 19 Act.	otherwise i while enrolled in title XIII of the Act or while enrolled in sections ), or (G) or but who have been entity for less than period listed below. have a risk contract 434.20(a). Coverage limited to HMO anning services
				The minimum enrollment (not to exc	period is ceed six months).
				The State measures the period from:	minimum enrollment
				enrollment in the	any intervening regardless of
				enrollment in the patient (included payment is made without any interest disenrollment.	ing the period of he HMO as a Medicaid ing periods when under this section), ervening
	**Provisi	on not applicable	to Stat	e	
; ,		hat determines el	igibilit	y for coverage.	
$\langle \cdot \rangle$	TN No. MS Supersede TN No. MS	s Approv	al Date		tive Date <u>OCT 0 1 199</u>
				3	

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State:	Kansas

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

XIX 42 CFR 435.217 /<del>x</del>/

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

TN No. MS-91-41
Supersedes Approval Date JAN 2 7 1932
TN No. MS-86-41

Effective Date OCT 6 1 1.

HCFA ID: 7983E

<sup>\*</sup>Agency that determines eligibility for coverage.

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 11a
	State:	Kansas	OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
		B. Optional (Continue	Groups Other Than the Medically Needy
**	1902(a)(10) (A)(ii)(VII) of the Act	Medic medic ill, accor	iduals who would be eligible for aid under the plan if they were in a sal institution, who are terminally and who receive hospice care in dance with a voluntary election ibed in section 1905(0) of the Act.
		<u></u>	The State covers all individuals as described above.
			The State covers only the following group or groups of individuals:
			Aged Blind Disabled Individuals under the age of
			Caretaker relatives Pregnant women
		. <i>•</i>	
,			
	hat determines e on not applicabl		coverage.
TN No. MS Supersede TN No. MS	B Appro	val Date	Effective Date OCT 0 1 1991

HCFA ID: 7983E

	1991 State:	Kansas	Page 12 OMB NO.:	0938-
gency*	Citation(s)		Groups Covered	
42 CI	FR <b>435.220</b>	(Continued)  6. Individual their work from earni a service deducts wo	other Than the Medical s who would be eligible-related child care congs rather than by a sexpenditure. The State ork-related child care determine the amount of	le for AFDC if osts were paid State agency as ce's AFDC plan costs from
(ii)	(a) (10) (A) and 1905(a) ne Act	describ  The Sta	te covers all individued above.  te covers only the folder groups of individual viduals under the age 21 20 19	llowing ls:
1902 (a (A) (i	i) and a)(i) of	7. // a. A d 1 m	18 staker relatives mant women  all individuals who are sescribed in section  902(a)(10)(A)(i) of the set the income and resequirements of the AFI clan, and who are under as indicated below.  20 19 18	ne Act, who source DC State
N No. Moupersedon No. Mo	es App	proval Date MAY 2 2 19	92 Effective HCFA ID:	Date <u>JAN 0 1 1992</u> 7983E

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Revision: HCFA-PM-91- (BPD)

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

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	State:	Kansas			·····
Agency*	Citation(s)		Gro	oups	Covered
			ional Grountinued)	ps C	ther Than the Medically Needy
XIX	42 CFR 435.222		ind	livi	able classifications of duals described in (a) above, lows:
*Per T/CB	onnie Bailey-Howa	ard	<u>X</u> (1)	•	Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
	iest on 12/04/91		<u>x</u>	(a)	In foster homes (and are under the age of 21 ).
			<u> x</u>	(b)	In private institutions (and are under the age of $21$ ).
				(c)	In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
			<u>x</u> (2)	)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).
			<u>x</u> (3)		Individuals in NFs (who are under the age of <u>21</u> ). NF services are provided under this plan.
			<u>x</u> (4)		In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21_).